

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of Virginia

Case number (if known): _____ Chapter you are filing under:
☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

CLERK
US BANKRUPTCY COURT
NORFOLK DIVISION

2019 OCT -1 A 10:29

☐ Check if this is an amended filing
FILED

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Lakisha

First name

Shante

Middle name

Brown

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 4 4 3 2

OR

9 XX - XX -

XXX - XX -

OR

9 XX - XX -

Debtor 1 **Lakisha Shante Brown**
First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

404 Opal Ave

Number Street

Virginia Beach

City

VA

State

23462-5517

ZIP Code

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☒ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No

☒ Yes. District Eastern Virginia When 02/15/2013 Case number 13-70509
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Lakisha Shante Brown**
First Name Middle Name Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Lakisha Shante Brown**
First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 1

Signature of Debtor 2

Executed on 10/01/2019
MM / DD / YYYY

Executed on
MM / DD / YYYY

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor _____

Date _____

MM / DD / YYYY

Printed name _____

Firm name _____

Number Street _____

City _____

State _____

ZIP Code _____

Contact phone _____

Email address _____

Bar number _____

State _____

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x Lakisha Shante Brown x
Signature of Debtor 1

Signature of Debtor 2

Date 10/01/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

Contact phone _____

Contact phone _____

Cell phone 757-816-9960

Cell phone _____

Email address mskey1979@yahoo.com

Email address _____

Debtor 1 Lakisha Shante Brown
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Virginia

Case number _____
 (if known)

page 1 of 2

Debtor 1 Lakisha Shante Brown Case number (if known) _____
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,364.16

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

| | |
|--|---------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>0</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>0</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ <u>0</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>0</u> |

Fill in this information to identify your case and this filing:

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Virginia

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

1.1. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1

Lakisha

Shante

Brown

Case number (if known)

First Name

Middle Name

Last Name

1.3.

Street address, if available, or other description

City

State

ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make:

Nissan

Model:

Sentra

Year:

2007

Approximate mileage:

107,000

Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 2,556.00 \$ 0

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make:

Model:

Year:

Approximate mileage:

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

Debtor 1

Lakisha

Shante

Brown

First Name

Middle Name

Last Name

Case number (if known)

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No☐ Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



| | |
|----|---|
| \$ | 0 |
|----|---|

Debtor 1

Lakisha

Shante

Brown

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?Do not deduct secured claims
or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... (1) Queen Bedroom Set

\$ 250.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... (1) TV
(1) Cell Phone

\$ 400.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe..... Bedroom Wall Picture

\$ 25.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Everyday Clothes (Women)
Women Shoes

\$ 200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.....

\$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific
information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 953.00

Debtor 1 Lakisha Shante Brown Document Page 15 of 72
 First Name Middle Name Last Name Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes Cash: \$ 40.00**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

| | | |
|--------------------------------|-------------------------------------|-----------------|
| 17.1. Checking account: | <u>Langley Federal Credit Union</u> | \$ <u>28.00</u> |
| 17.2. Checking account: | _____ | \$ _____ |
| 17.3. Savings account: | <u>Langley Federal Credit Union</u> | \$ <u>5.00</u> |
| 17.4. Savings account: | <u>Navy Federal Credit Union</u> | \$ <u>5.00</u> |
| 17.5. Certificates of deposit: | _____ | \$ _____ |
| 17.6. Other financial account: | _____ | \$ _____ |
| 17.7. Other financial account: | _____ | \$ _____ |
| 17.8. Other financial account: | _____ | \$ _____ |
| 17.9. Other financial account: | _____ | \$ _____ |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

| | | |
|-------|-------------|----------|
| _____ | <u>0%</u> % | \$ _____ |
| _____ | <u>0%</u> % | \$ _____ |
| _____ | <u>0%</u> % | \$ _____ |

Debtor 1

Lakisha

Shante

Brown

First Name

Middle Name

Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$ _____

\$ _____

\$ _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan:

\$ _____

Pension plan:

\$ _____

IRA:

\$ _____

Retirement account:

\$ _____

Keogh:

\$ _____

Additional account:

\$ _____

Additional account:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric:

\$ _____

Gas:

\$ _____

Heating oil:

\$ _____

Security deposit on rental unit:

\$ _____

Prepaid rent:

\$ _____

Telephone:

\$ _____

Water:

\$ _____

Rented furniture:

\$ _____

Other:

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

\$ _____

\$ _____

\$ _____

Debtor 1 **Lakisha** **Shante** **Brown** Document Page 17 of 72 Case number (if known) _____
 First Name Middle Name Last Name

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them....

\$ _____

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

\$ _____

Debtor 1 **Lakisha** **Shante** **Brown** Document Page 18 of 72 Case number (if known) _____
 First Name Middle Name Last Name

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here

\$ 78.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☐ No

☐ Yes. Describe.

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☐ Yes. Describe.

\$ _____

Debtor 1

Lakisha

Shante

Brown

Case number (if known)

First Name

Middle Name

Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No☐ Yes. Describe.....

\$ _____

41. Inventory☐ No☐ Yes. Describe.....

\$ _____

42. Interests in partnerships or joint ventures☐ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$ _____

%

\$ _____

%

\$ _____

43. Customer lists, mailing lists, or other compilations☐ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$ _____

44. Any business-related property you did not already list☐ No☐ Yes. Give specific information

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here\$ 0**Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish*☐ No☐ Yes.....

\$ _____

Debtor 1

Lakisha

Shante

Brown

First Name

Middle Name

Last Name

Case number (if known)

48. Crops—either growing or harvested

☐ No☐ Yes. Give specific information.....

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☐ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☐ No☐ Yes. Give specific information.....

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ _____ 0

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.....

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ _____ 0

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ _____ 0

56. Part 2: Total vehicles, line 5 \$ _____

57. Part 3: Total personal and household items, line 15 \$ 875.00

58. Part 4: Total financial assets, line 36 \$ 78.00

59. Part 5: Total business-related property, line 45 \$ 0

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0

61. Part 7: Total other property not listed, line 54 + \$ 0

62. Total personal property. Add lines 56 through 61. \$ 953.00 Copy personal property total → + \$ 953.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 953.00

Fill in this information to identify your case:

| | | | |
|---|----------------|---------------|--------------|
| Debtor 1 | Lakisha | Shante | Brown |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the Eastern District of Virginia | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| Brief description: _____ Line from <i>Schedule A/B</i> : _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from <i>Schedule A/B</i> : _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from <i>Schedule A/B</i> : _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption</small> | Specific laws that allow exemption |
|---|---|---|------------------------------------|
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |

Fill in this information to identify your case:

| | | | |
|--|----------------|---------------|--------------|
| Debtor 1 | <u>Lakisha</u> | <u>Shante</u> | <u>Brown</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of Virginia | | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|--|--|
|--|--|--|

2.1

Describe the property that secures the claim: _____

\$ _____ \$ _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

2.2

Describe the property that secures the claim: _____

\$ _____ \$ _____ \$ _____

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

\$ _____

Debtor 1 **Lakisha** **Shante** **Brown** Case number (if known) _____
First Name Middle Name Last Name

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
if any

| | | |
|--|---|----------------------------|
| <input style="width: 20px; height: 20px;" type="checkbox"/> Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | Describe the property that secures the claim: \$ _____ \$ _____ \$ _____ <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$ _____ \$ _____ \$ _____ |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ | | |

| | | |
|--|---|----------------------------|
| <input style="width: 20px; height: 20px;" type="checkbox"/> Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | Describe the property that secures the claim: \$ _____ \$ _____ \$ _____ <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$ _____ \$ _____ \$ _____ |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ | | |

| | | |
|--|---|----------------------------|
| <input style="width: 20px; height: 20px;" type="checkbox"/> Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | Describe the property that secures the claim: \$ _____ \$ _____ \$ _____ <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$ _____ \$ _____ \$ _____ |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

| |
|----------|
| \$ _____ |
| \$ _____ |

Debtor 1

Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | Lakisha | Shante | Brown |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of Virginia | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|---------------------------------|-----------------|--------------------|
| 2.1 | | | |
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ |
| When was the debt incurred? | | | |
| Number | Street | | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of PRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |

| | | | |
|---|---------------------------------|----------|----|
| 2.2 | | | |
| Priority Creditor's Name | Last 4 digits of account number | \$ | \$ |
| When was the debt incurred? | | | |
| Number | Street | | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Type of PRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |

Debtor 1

Lakisha

Shante

Brown

Page 27 of 72

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount☐

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

☐

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

☐

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Debtor 1 Lakisha Shante Brown Page 28 of 72
First Name Middle Name Last Name Case Number (if known)**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | |
|---|--|-----------------------------------|
| 4.1 Prestige Financial Services Inc. Nonpriority Creditor's Name <u>P.O. Box 26707</u> Number Street <u>Salt Lake City, UT 84126-0707</u> City State ZIP Code | Last 4 digits of account number <u>9 3 0 1</u> When was the debt incurred? <u>2014</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Car Payment</u> | Total claim \$ <u>4,996.20</u> |
|---|--|-----------------------------------|

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

| | | |
|---|---|------------------|
| 4.2 Portfolio Recovery Associates/ Brylane Home Nonpriority Creditor's Name <u>120 Corporate Blvd</u> Number Street <u>Norfolk VA 23502</u> City State ZIP Code | Last 4 digits of account number <u>3 9 7 4</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | \$ <u>591.00</u> |
|---|---|------------------|

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

| | | |
|--|--|------------------|
| 4.3 Portfolio Recovery Associates/ Jessica London Nonpriority Creditor's Name <u>120 Corporate Blvd.</u> Number Street <u>Norfolk VA 23502</u> City State ZIP Code | Last 4 digits of account number <u>8 5 0 3</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | \$ <u>587.00</u> |
|--|--|------------------|

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☐ No
☒ Yes

Debtor 1

Lakisha

Shante

Brown

Page 29 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Sentra Healthcare

Nonpriority Creditor's Name

P.O. Box 791168

Number Street

Baltimore

MD

21279-1168

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 3 4\$ 847.75When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill

4.5

Sentara Healthcare

Nonpriority Creditor's Name

P.O. Box 791168

Number Street

Baltimore

MD

21279-1168

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 6 2\$ 428.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill

4.6

Sentara Healthcare

Nonpriority Creditor's Name

P.O. Box 791168

Number Street

Baltimore

MD

279-1168

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 6 0 8\$ 558.79When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill

Debtor 1

Lakisha

Shante

Brown

Page 30 of 72

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Sentra Healthcare

Nonpriority Creditor's Name

P.O. Box 791168

Number Street

Baltimore

MD

21279-1168

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 2 5 7\$ 2,408.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill

4.8

WebBank/ Fingerhut

Nonpriority Creditor's Name

P.O. Box 1269

Number Street

Greenville

SC

29602

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 4 5 7\$ 567.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.9

Portfolio Recovery Associates/ Capital One Bank

Nonpriority Creditor's Name

120 Corporate Blvd.

Number Street

Norfolk

VA

23502

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 5 6 4\$ 695.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Debtor 1 Lakisha Shante Brown Page 31 of 72
First Name Middle Name Last Name Case number (if known)**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.1**BB&T Bank**

Nonpriority Creditor's Name

200 West Second St.

Number Street

Winston-Salem

NC

27101

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 560.00When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify loan**4.1****Progressive Leasing**

Nonpriority Creditor's Name

256 Data Dr.

Number Street

Draper

UT

84020

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 6 5 9\$ 507.When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card**4.1****Credit Control Corporation**

Nonpriority Creditor's Name

P.O. Box 120568

Number Street

Newport News

VA

23612

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 5 6 4\$ 429.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill

Debtor 1

Lakisha

Shante

Brown

Page 32 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.1

LTD Financial Services/ Ashley Stewarts

Nonpriority Creditor's Name

3200 Wilcrest Rd. Suite 600

Number Street

Houston

TX

77042-6000

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 8 7 6\$ 562.12When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.1

Radius Global Solutions LLC, / First Premier Bank

Nonpriority Creditor's Name

256 Data Dr.

Number Street

Draper

UT

84020

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 662.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.1

Comenity Bank/ Roamans

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 5 6 4\$ 468.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Debtor 1

Lakisha

Shante

Brown

Page 33 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.16

Comenity Bank/ Women Within

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 489.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.17

Comenity Bank/ Brylane Home

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 591.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.18

Comenity Bank/ Jessica London

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 587.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Debtor 1

Lakisha

Shante

Brown

Page 34 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.1

Comenity Bank/ Victoria Secrets

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 466.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.2

Comenity Bank/ Full Beauty

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 620.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.2

Comenity Bank/ NY & CO

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 562.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.2**Credit Control Corporation**

Nonpriority Creditor's Name

11821 Rock Landing Dr.

Number Street

Newport News

VA

23606

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 717.00When was the debt incurred? 20178

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill**4.2****Credit Control Corporation**

Nonpriority Creditor's Name

11821 Rock Landing Dr.

Number Street

Newport News

VA

23606

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 280.00When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Hospital Bill**4.2****Comenity Bank/ NY & CO**

Nonpriority Creditor's Name

P.O. Box 182789

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 562.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Debtor 1

Lakisha

Shante

Brown

Page 36 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.2

Resurgent/ LVNV Funding

Nonpriority Creditor's Name

P.O. Box 1269

Number Street

Greenville

SC

29602

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 567.00When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bill

4.2

Colony Bank/ Midnight Velvet

Nonpriority Creditor's Name

1112 7th Ave

Number Street

Monroe

WI

53566

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 70.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.2

Web Bank/ Fingerhut

Nonpriority Creditor's Name

6250 Ridgewood Rd

Number Street

Saint Cloud

MN

56303

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 636.00When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

Debtor 1

Lakisha

Shante

Brown

Page 37 of 72

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.28

TBOM/ CONTFIN

Nonpriority Creditor's Name

4550 New Linden Hill Rd. #400

Number Street

Wilmington

DE

19808

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 636.00When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bill

4.29

Web Bank/ Fingerhut

Nonpriority Creditor's Name

6250 Ridgewood Rd.

Number Street

Saint Cloud

MN

56303

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 567.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.30

Receivables Management System

Nonpriority Creditor's Name

6250 Ridgewood Rd

Number Street

Saint Cloud

MN

56303

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 7 7 4\$ 177.23When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Dr. Bill

Debtor 1

Lakisha

Shante

Document

Page 38 of 72

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3

Patient First

Nonpriority Creditor's Name

332 Newtown Rd

Number Street

Virginia Beach

VA

23462

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 177.23When was the debt incurred? 2019

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Doctor Bill

4.3

PNC Bank

Nonpriority Creditor's Name

222 Delaware Ave

Number Street

Wilmington

DE

19899

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 700.00When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bank Fee

4.3

Navy Federal Credit Union

Nonpriority Creditor's Name

P.O. Box 3000

Number Street

Merrifield

VA

22119-3000

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 7 7 4\$ 400.00When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bank Fee

Debtor 1

Lakisha

Shante

Brown

Page 39 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3

Bank of America

Nonpriority Creditor's Name

100 North Tryon St.

Number Street

Charlotte

NC

28255

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 550.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bank Fee

4.3

Geico Insurance

Nonpriority Creditor's Name

5260 Western Avenue

Number Street

Chevy Chase

MD

20815

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 4 3 2\$ 666.00When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Bill

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Debtor 1

Lakisha

Shante

Document

Page 40 of 72

First Name

Middle Name

Last Name

Case Number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number _____

Debtor 1

Lakisha

Shante

Brown

Document

Page 41 of 72

Case number (if known)

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claim

| | | | | |
|---------------------------------|---|-----|----|------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ | 0 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + | \$ 0 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0 |

Total claim

| | | | | |
|---------------------------------|---|-----|----|--------------|
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ | 0 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + | \$ 24,887.32 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 24,887.32 |

Fill in this information to identify your case:

| | | | |
|---|---------------------------|----------------------------|--------------------------|
| Debtor | <u>Lakisha</u> | <u>Shante</u> | <u>Brown</u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2 (Spouse if filing) | <u></u> | <u></u> | <u></u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the: <u>Eastern District of Virginia</u> | | | |
| Case number (If known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.3

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.4

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.5

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

2.

Name _____
Number Street _____
City State ZIP Code _____

Fill in this information to identify your case:

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Virginia

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.1

Name

Number Street

City State ZIP Code

3.2

Name

Number Street

City State ZIP Code

3.3

Name

Number Street

City State ZIP Code

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. _

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of Virginia

Case number
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Occupation

Bus Assisant

Employer's name

Chesapeake Public Schools

Employer's address

312 Cedar Road
Number Street

Number Street

Chesapeake VA 23323
City State ZIP Code

City State ZIP Code

How long employed there? 3 Years

3 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--------------|-----------------------------------|
| 2. | \$ 1,208.82 | \$ |

3. Estimate and list monthly overtime pay.

| | | |
|----|-------|------|
| 3. | +\$ 0 | + \$ |
|----|-------|------|

4. Calculate gross income. Add line 2 + line 3.

| | | |
|----|-------------|----|
| 4. | \$ 1,208.82 | \$ |
|----|-------------|----|

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-----------------|--|
| Copy line 4 here..... → 4. | \$ 830.60 | \$ _____ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 34.27 | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0 | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0 | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0 | \$ 0 |
| 5e. Insurance | 5e. \$ 0 | \$ 0 |
| 5f. Domestic support obligations | 5f. \$ 0 | \$ 0 |
| 5g. Union dues | 5g. \$ 0 | \$ 0 |
| 5h. Other deductions. Specify: _____ | 5h. + \$ 0 | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 34.27 | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 796.33 | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0 | \$ _____ |
| 8b. Interest and dividends | 8b. \$ 0 | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 572.22 | \$ _____ |
| 8d. Unemployment compensation | 8d. \$ 0 | \$ _____ |
| 8e. Social Security | 8e. \$ 0 | \$ _____ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Medicaid | 8f. \$ 0 | \$ _____ |
| 8g. Pension or retirement income | 8g. \$ 0 | \$ _____ |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ 0 | + \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 572.22 | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 1,368.55 | \$ _____ = \$ 1,368.55 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Medicaid | | |
| | 11. + \$ 0 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. | \$ 1,368.55 Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. | | |
| <input checked="" type="checkbox"/> Yes. Explain: Do not work during the months Public Schools are out which is June 13 till September 3. | | |

Fill in this information to identify your case:

| | | | |
|---------------------------------|----------------|---------------|--------------|
| Debtor 1 | <u>Lakisha</u> | <u>Shante</u> | <u>Brown</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |

United States Bankruptcy Court for the: Eastern District of Virginia

Case number
(if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

19

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 550.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0

4b. Property, homeowner's, or renter's insurance

4b. \$ 0

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0

4d. Homeowner's association or condominium dues

4d. \$ 0

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

| | Your expenses |
|--|-----------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ <u>0</u> |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>0</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>0</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>150.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ _____ |
| 7. Food and housekeeping supplies | 7. \$ <u>125.00</u> |
| 8. Childcare and children's education costs | 8. \$ <u>270.25</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>100.00</u> |
| 10. Personal care products and services | 10. \$ <u>50.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>0</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>130.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>0</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>30.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>13.26</u> |
| 15b. Health insurance | 15b. \$ <u>0</u> |
| 15c. Vehicle insurance | 15c. \$ <u>86.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ <u>0</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>307.43</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ <u>0</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0</u> |
| 20b. Real estate taxes | 20b. \$ <u>0</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0</u> |

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 1,811.94

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 1,811.94

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1,368.55

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 1,811.94

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ -443.39

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

Fill in this information to identify your case:

| | | | |
|--|---------------------------|----------------------------|--------------------------|
| Debtor 1 | <u>Lakisha</u> | <u>Shante</u> | <u>Brown</u> |
| | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2 | | | |
| (Spouse, if filing) | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the: Eastern District of Virginia | | | |
| Case number | | | |
| (If known) | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

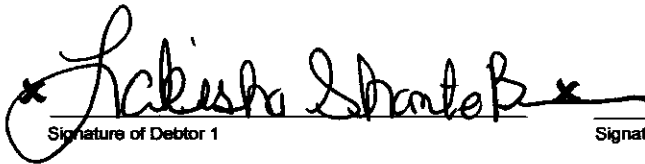
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1

Signature of Debtor 2

Date 10/01/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|---------------------------------|----------------|---------------|--------------|
| Debtor 1 | <u>Lakisha</u> | <u>Shante</u> | <u>Brown</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | _____ | _____ | _____ |
| | First Name | Middle Name | Last Name |

United States Bankruptcy Court for the: Eastern District of Virginia

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> Same as Debtor 1 | | <input type="checkbox"/> Same as Debtor 1 | |
| Number _____ Street _____ | From _____ To _____ | Number _____ Street _____ | From _____ To _____ |
| City _____ State _____ ZIP Code _____ | | City _____ State _____ ZIP Code _____ | |
| <input type="checkbox"/> Same as Debtor 1 | | <input type="checkbox"/> Same as Debtor 1 | |
| Number _____ Street _____ | From _____ To _____ | Number _____ Street _____ | From _____ To _____ |
| City _____ State _____ ZIP Code _____ | | City _____ State _____ ZIP Code _____ | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|--|--|---|
| | Sources of income Check all that apply. | Sources of income Check all that apply. |
| | Gross income (before deductions and exclusions) | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$ 5,608.24 | \$ |
| For last calendar year: (January 1 to December 31, 2018) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$ 9,503.31 | \$ |
| For the calendar year before that: (January 1 to December 31, 2017) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business |
| | \$ 8,376.93 | \$ |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|--|---|---|
| | Sources of income Describe below. | Sources of income Describe below. |
| | Gross income from each source (before deductions and exclusions) | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Child Support | |
| | \$ 5,149.98 | \$ |
| | \$ | \$ |
| | \$ | \$ |
| For last calendar year: (January 1 to December 31, 2018) YYYY | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| For the calendar year before that: (January 1 to December 31, 2017) YYYY | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------------------------|---------------------|-------------------|----------------------|---|
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|------------------------------|------------------|-------------------|----------------------|-------------------------|
| _____ Insider's Name | _____ | \$ _____ | \$ _____ | |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | _____ | | | |
| _____ Insider's Name | _____ | \$ _____ | \$ _____ | |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | _____ | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

| Insider's Name | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|------------------------------|------------------|-------------------|----------------------|--|
| _____ Insider's Name | _____ | \$ _____ | \$ _____ | |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | _____ | | | |
| _____ Insider's Name | _____ | \$ _____ | \$ _____ | |
| _____ Number Street | _____ | | | |
| _____ City State ZIP Code | _____ | | | |

Debtor 1 **Lakisha Shante Brown**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|---------------------------|---|--|
| Case title _____ _____ | Court Name _____ Number Street _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ | City _____ State _____ ZIP Code _____ | |
| Case title _____ _____ | Court Name _____ Number Street _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ | City _____ State _____ ZIP Code _____ | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|---|-------|-----------------------|
| Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ |
| Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ |
| Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 **Lakisha** **Shante** **Brown** Case number (if known) _____
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Describe the action the creditor took | Date action was taken | Amount |
|--|-----------------------|----------|
| Creditor's Name _____ | | |
| Number _____ Street _____ | | \$ _____ |
| _____ | | |
| City _____ State _____ ZIP Code _____ | | |
| Last 4 digits of account number: XXXX-____-____-____ | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift _____ | | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |
| Number _____ Street _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |
| Person's relationship to you _____ | | | |

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift _____ | | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |
| Number _____ Street _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |
| Person's relationship to you _____ | | | |

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|---|-------------------------------|-------------------------|----------|
| Charity's Name _____ | | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |
| Number _____ Street _____ | | | |
| City _____ State _____ ZIP Code _____ | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small> | Date of your loss | Value of property lost |
|---|--|----------------------|---------------------------|
| | | _____ | \$ _____ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-------------------|
| Person Who Was Paid _____ | | |
| Number _____ Street _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| City _____ State _____ ZIP Code _____ | | |
| Email or website address _____ | | |
| Person Who Made the Payment, if Not You _____ | | |

Debtor 1 **Lakisha** **Shante** **Brown**
 First Name Middle Name Last Name

Case number (if known) _____

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid | | \$ |
| Number Street | | \$ |
| City State ZIP Code | | |
| Email or website address | | |
| Person Who Made the Payment, if Not You | | |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid | | \$ |
| Number Street | | \$ |
| City State ZIP Code | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
 Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| Person Who Received Transfer | | |
| Number Street | | |
| City State ZIP Code | | |
| Person's relationship to you | | |
| Person Who Received Transfer | | |
| Number Street | | |
| City State ZIP Code | | |
| Person's relationship to you | | |

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX- _____

☐ Checking

\$ _____

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

City State ZIP Code

Name of Financial Institution

XXXX- _____

☐ Checking

\$ _____

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

- ☐ No
☐ Yes

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1 **Lakisha Shante Brown**
First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

| Name of Storage Facility | Who else has or had access to it? | Describe the contents | Do you still have it? |
|--------------------------|-----------------------------------|-----------------------|------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> No |
| Number Street | Number Street | | <input type="checkbox"/> Yes |
| _____ | _____ | | |
| City State ZIP Code | City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

| Owner's Name | Where is the property? | Describe the property | Value |
|---------------------|------------------------|-----------------------|----------|
| _____ | _____ | _____ | \$ _____ |
| Number Street | Number Street | | |
| _____ | _____ | | |
| City State ZIP Code | City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

| Name of site | Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| _____ | _____ | | _____ |
| Number Street | Number Street | | |
| _____ | _____ | | |
| City State ZIP Code | City State ZIP Code | | |

Debtor 1 **Lakisha** **Shante** **Brown**
First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|-------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| | City State ZIP Code | | |
| City | State ZIP Code | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Case title | Court or agency | Nature of the case | Status of the case |
|-------------|---------------------|--------------------|------------------------------------|
| | Court Name | | <input type="checkbox"/> Pending |
| | Number Street | | <input type="checkbox"/> On appeal |
| Case number | City State ZIP Code | | <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

| Describe the nature of the business | | Employer identification number |
|-------------------------------------|-------------------------------------|--|
| | | Do not include Social Security number or ITIN. |
| Business Name | | EIN: _____ |
| Number Street | Name of accountant or bookkeeper | Dates business existed |
| | | From _____ To _____ |
| City State ZIP Code | Describe the nature of the business | Employer identification number |
| Business Name | | Do not include Social Security number or ITIN. |
| Number Street | Name of accountant or bookkeeper | EIN: _____ |
| | | Dates business existed |
| City State ZIP Code | | From _____ To _____ |

Fill in this information to identify your case:

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Virginia

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's name: | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | <input type="checkbox"/> Retain the property and redeem it. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | <input type="checkbox"/> Retain the property and [explain]: _____ | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | <input type="checkbox"/> Retain the property and redeem it. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | <input type="checkbox"/> Retain the property and [explain]: _____ | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | <input type="checkbox"/> Retain the property and redeem it. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | <input type="checkbox"/> Retain the property and [explain]: _____ | |
| Creditor's name: | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | <input type="checkbox"/> Retain the property and redeem it. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | <input type="checkbox"/> Retain the property and [explain]: _____ | |

Debtor 1 Lakisha Shante Brown Case number (if known) _____
First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Lessor's name:

☐ No
☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x Lakisha Shante R x
Signature of Debtor 1

Signature of Debtor 2

Date 10/01/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|--|----------------|---------------|--------------|
| Debtor 1 | <u>Lakisha</u> | <u>Shante</u> | <u>Brown</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of Virginia | | | |
| Case number (If known) | | | |

Check one box only as directed in this form and in Form 122A-1Supp.

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | |
|-----------------|--------------------------|
| Column A | Column B |
| Debtor 1 | Debtor 2 or |
| | non-filing spouse |

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ 791.94 \$ _____

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ 0 \$ _____

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ 572.22 \$ _____

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions)

\$ 0 \$ _____

Ordinary and necessary operating expenses

- \$ 0 - \$ _____

Net monthly income from a business, profession, or farm

\$ 0 \$ _____

Copy here →

\$ 0 \$ _____

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions)

\$ 0 \$ _____

Ordinary and necessary operating expenses

- \$ 0 - \$ _____

Net monthly income from rental or other real property

\$ 0 \$ _____

Copy here →

\$ 0 \$ _____

7. Interest, dividends, and royalties

\$ 0 \$ _____

Debtor 1 Lakisha Shante Brown
First Name Middle Name Last Name

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ 0
 For your spouse..... \$ 0

\$ 0 \$ 0

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0 \$ 0

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

..... \$ 0
 \$ 0
 Total amounts from separate pages, if any. + \$ 0

\$ 0 \$ 0
 \$ 0 \$ 0
 + \$ 0 + \$ 0

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,364.16 + \$ 0 = \$ 1,364.16
 Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. \rightarrow Copy line 11 here \rightarrow \$ 1,364.16
 Multiply by 12 (the number of months in a year). $\times 12$
 12b. The result is your annual income for this part of the form. 12b. \$ 16,369.92

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. VA
 Fill in the number of people in your household. 2
 Fill in the median family income for your state and size of household. 13. \$ 68,766.00
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

\times Lakisha Shante P
 Signature of Debtor 1
 Date 10/01/2019
 MM / DD / YYYY

\times _____
 Signature of Debtor 2
 Date _____
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.
 If you checked line 14b, fill out Form 122A-2 and file it with this form.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
Division**

In re Lakisha Shante Brown

Case No.

Chapter 7

Debtor(s)

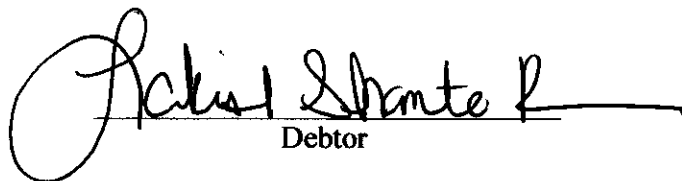
COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette or by a typed hard copy in scannable format, with Request for Waiver attached, is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

- (a) X computer diskette listing a total of 35 creditors; or
- (b) _____ scannable hard copy, with Request for Waiver attached, consisting of _____ pages, listing a total of _____ creditors


Debtor

Joint Debtor

Date: 10/01/2019

[Check if applicable] _____ Creditor(s) with foreign addresses included on disk/hard copy.

LSB

Lakisha Shante Brown

Prestige Financial Services Inc.
P.O. Box 26707
Salt Lake City, UT 84126-0707

Portfolio Recovery Associates/ Brylane Home
120 Corporate Blvd.
Norfolk, VA 23502

Portfolio Recovery Associates/ Jessica London
120 Corporate Blvd.
Norfolk, VA 23502

Sentara Healthcare
P.O. Box 791168
Baltimore, MD 21279-1168

Sentara Healthcare
P.O. Box 791168
Baltimore, MD 21279-1168

Sentara Healthcare
P.O. Box 791168
Baltimore, MD 21279-1168

Sentara Healthcare
P.O. Box 791168
Baltimore, MD 21279-1168

WebBank/Fingerhut
P.O. Box 1269
Greenville, SC 29602

Portfolio Recovery Associates/ Capital One
120 Corporate Blvd.
Norfolk, VA 23502

BB&T Bank
200 West Second St.
Winston-Salem, NC 27101

Progressive Leasing
256 Data Dr.
Draper, UT 84020

Credit Control Corporation

LSB

Lakisha Shante Brown

P.O. Box 120568
Newport News, VA 23612

LTD Financial Services/ Ashley Stewarts
3200 Wilcrest Rd. Suite 600
Houston, TX 77042-6000

Radius Global Solutions LLC,/ First Premier Bank
256 Data Dr.
Draper, UT 84020

Comenity Bank/ Roamans
P.O. Box 182789
Columbus, OH 43218

Comenity Bank/ Women Within
P.O. Box 182789
Columbus, OH 43218

Comenity Bank/ Brylane Home
P.O. Box 182789
Columbus, OH 43218

Comenity Bank/ Jessica London
P.O. Box 182789
Columbus, OH 43218

Comenity Bank/ Victoria Secrets
P.O. Box 182789
Columbus, OH 43218

Comenity Bank/ Full Beauty
P.O. Box 182789
Columbus, OH 43218

Comenity Bank/ NY & CO
P.O. Box 182789
Columbus, OH 43218

Credit Control Corporation
11821 Rock Landing Dr.
Newport News, VA 23606

Credit Control Corporation
11821 Rock Landing Dr.

LSB

Lakisha Shante Brown

Newport News, VA 23606

Comenity Bank/ NY & CO
P.O. Box 182789
Columbus, OH 43218

Resurgent/ LVNV Funding
P.O. Box 1269
Greenville, SC 29602

Colony Bank/ Midnight Velvet
1112 7th Ave
Monroe, WI 53566

Web Bank/ Fingerhut
6250 Ridgewood Rd.
Saint Cloud, MN 56303

TBOM/CONTFIN
4550 New Linden Hill Rd.
#400
Wilmington, DE 19808

Web Bank/ Fingerhut
6250 Ridgewood Rd.
Saint Cloud, MN 56303

Receivables Management System
6250 Ridgewood Rd.
Saint Cloud, MN 56303

Patient First
332 Newtown Rd.
Virginia Beach, VA 23462

PNC Bank
222 Delaware Ave
Wilmington, DE 19899

Navy Federal Credit Union
P.O. Box 3000
Merrifield, VA 22119-3000

Bank of America
100 North Tryon St.

LSB

Lakisha Shante Brown

Charolette, NC 28255

Geico Insurance
5260 Western Avenue
Chevy Chase, MD 20815